


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000003314 1. Entity Name IGLESIA PROPECTICA PENTECOSTAL FILADELFIA, INC.	
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

FILED

05 SEP 16 PM 1:03

Principal Place of Business 462 N W 111 TERR MIAMI FL 33168	Mailing Address 462 NORTHWEST 111TH TERRACE MIAMI FL 33168
---------------------------------------------------------------------------	--------------------------------------------------------------------------



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E037 (5/05)

City & State	City & State	4. FEI Number 14-1880588	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 18px;">FL</div> Zip Code
-------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--------------------------------------------------------------	----------------------------------------------------------------------------------	------------------------------------	--------------------------------------------------------------

10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	GARCIA, PEPITO	TITLE	
NAME	462 NORTHWEST 111TH TERRACE	NAME	
STREET ADDRESS	MIAMI FL 33168	STREET ADDRESS	
CITY-ST-ZIP	VD	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	GARCIA, OLGA M	TITLE	
NAME	462 NORTHWEST 111TH TERRACE	NAME	
STREET ADDRESS	MIAMI FL 33168	STREET ADDRESS	
CITY-ST-ZIP	VD	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PENA, LUZ	TITLE	Rosaura Josefina Ayala
NAME	462 NORTHWEST 111TH TERRACE	NAME	509 NW 41 ST
STREET ADDRESS	MIAMI FL 33168	STREET ADDRESS	MIAMI, FL 33127
CITY-ST-ZIP	TD	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	RIVERA, JAVIER	TITLE	JUAN RAMON AYALA
NAME	462 NORTHWEST 111TH TERRACE	NAME	509 NW 41 ST
STREET ADDRESS	MIAMI, FL 33168	STREET ADDRESS	MIAMI, FL 33127
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosaura Josefina Ayala Date: 8/30/05 Daytime Phone #: 305-759-6028